



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E420769**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-01105
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	04 - 30 - 2015	TIME (2400)	1440	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE 92 BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) 127TH AVE NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 3606915543

LAST NAME IBSEN FIRST NAME ROCKY MIDDLE INITIAL D

STREET NEW ADDRESS 15612 TRANGEN RD

CITY ARLINGTON ST WA ZIP 982230000

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # IBSENDR391C4 STATE WA SEX M D.O.B. MMDDYYYY 02 - 24 - 1961

ON DUTY ☐ STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 815ZBX STATE WA VIN# KN1FB121225188264

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE KIA MODEL SPEC4D STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ROCKY IBSEN 15612 TRANGEN RD ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # GRANGE INS PAS0002202035

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253448046

LAST NAME CRAPSER FIRST NAME ALYSSA MIDDLE INITIAL J

STREET NEW ADDRESS 2105 E MARYLAND ST

CITY BELLINGHAM ST WA ZIP 982263716

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # CRAPSAJ138B2 STATE WA SEX F D.O.B. MMDDYYYY 01 - 22 - 1987

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES COMPLAINED OF KNEE PAIN

LICENSE PLATE # AEB7679 STATE WA VIN# JM1BG2240P0651798

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1993 MAKE MAZD MODEL PRO4D STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. GEORGE GLOVER 3617 233RD AVE NE GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # NATIONAL GENERAL 2002680308

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGE



OFFICER'S NAME (PRINT) CHAD CHRISTENSEN BADGE OR ID # 075 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E420769**

CASE # **15-01105**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 3 was making a left turn the eastbound lane of SR 92 to go northbound on 127th Ave NE. Unit 2 was following a vehicle that was behind Unit 3. The vehicle behind Unit 3 drove onto the shoulder, driving around Unit 3. Unit 2 did not see Unit 3 was stopped as the unknown vehicle was between Unit 3 and Unit 2. Unit 2 abruptly braked causing Unit 1, who was directly behind Unit 2 abruptly apply its brakes. Unit 1 did not have enough space which resulted in Unit 1 rear-ending Unit 2 causing Unit 2 to rear-end Unit 3.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-30-15 05:28 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

5/1/2015 3:53:14 AM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

2:41 PM

TIME POLICE ARRIVED

2:44 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E420769**

CASE # **15-01105**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4253341031

LAST NAME

SYSON

FIRST NAME

DESIREE

MIDDLE INITIAL

L

STREET NEW ADDRESS

4602 123RD AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982589604

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

SYSONDL4140A

STATE

WA

SEX

F

D.O.B. MMDDYYYY

09

- 01

- 1959

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AJR0785

STATE

WA

VIN#

JF1GC2359SK517805

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

1995

MAKE

SUBA

MODEL

IMP4D

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JOHN SYSON 4602 123RD AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO. & POLICY #

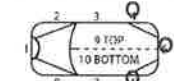
LIBERTY MUTUAL A02-268-644607-70 4 7

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

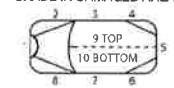
INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

04-30-15 05:28 PM

DATED:

PLACE SIGNED

BADGE OR ID #

075

ORI #

WA0311900

APPROVED BY

MINER

DATE

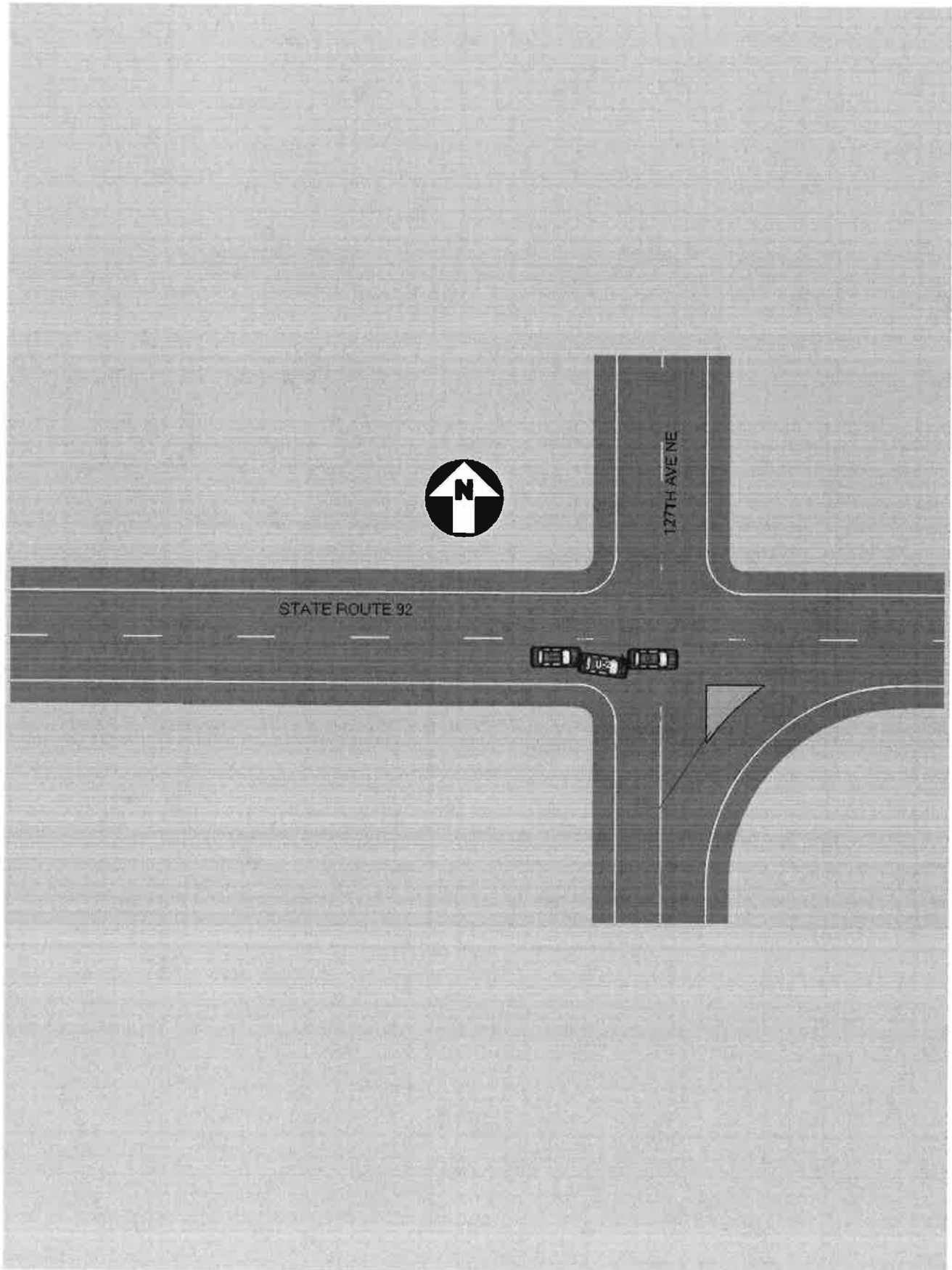
5/1/2015

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OF

4



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

15-01105

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Crapser, Alyssa, Jane	RACE W	ETH	SEX F	DOB 1/22/87	AGE 28	HGT 5'6"	WGT 200	HAIR Blk	EYES Blk
STREET ADDRESS 15926 82nd St. NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-344-8046		PLACE OF EMPLOYMENT Visiting Angels						
WORK PHONE		EMAIL ADDRESS								

I, Alyssa Crapser, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving from work, there were two vehicles in front of me, one was turning right. I put on my brakes as another vehicle tried going around, in my review I saw a red car coming at me, I was hit from behind and was pushed forward into the car in front of me, my seat broke and flew backwards, and my knee smashed into the area below the steering wheel. Someone stopped & pushed my car to the side of the road.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Alyssa Crapser</u>	DATE SIGNED 4/30/15	LOCATION SIGNED
OFFICER/NUMBER: <u>C. Christensen #25</u>	DATE SIGNED 4/30/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

15-01105

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Desiree Syson L	RACE W	ETH N	SEX F	DOB 9-1-59	AGE 55	HGT 53	WGT 165	HAIR Brown	EYES Blue
STREET ADDRESS 4602-123 Ave NE		CITY			STATE		ZIP	RES. STATUS		
HOME PHONE 425-334-1031		CELL PHONE 425-280-8899			PLACE OF EMPLOYMENT Rite Aid					
WORK PHONE 360-691-4659		EMAIL ADDRESS D-Syson99@yahoo.com								

I, Desiree Syson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading home from Safeway heading east on Hwy 92 I stopped to turn left on 12th Drive a silver car behind me passed me on the right - next thing I knew a red car plowed into me. Come to find out the car that hit me had been hit from behind

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4-30-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: C. Chittas	DATE SIGNED 4/30/15	LOCATION SIGNED

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PAGE 1 OF 1

Incident History for: #SS15008326 Xref: #AG15001195

Case Numbers: \$SS15001105

Entered 04/30/15 14:40:59 BY SPDF25 SP0137

Dispatched 04/30/15 14:41:31 BY SPDP17 SP0224

Enroute 04/30/15 14:41:31

Onscene 04/30/15 14:44:51

Closed 04/30/15 15:11:10

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1720 Map Page: 377J-3 Group: SS1 Beat: NORT

Src: T

Loc: 127 AV NE/SR 92 , LKS (V)

Loc Info:

Name: POST, CAROLYN

Addr:

Phone: 4252385547

/1440 (SP0137) ENTRY , 2+ VEHS, UNK INJ
/1441 (SP0224) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1441 ASSTER 19D1 #SS112 WARBIS, OFFICER (STEVE)
/1441 (SP0137) SUPP NAM: POST, CAROLYN,
PHO: 4252385547,
TXT: RED PC, BLU PC, UNK OTHER NON BLKING
/1444 (SP0224) ONSCNE 19D3 , VEHS BLKDING
/1445 MISC 19D3 , NONBLKING LOTS OF DEBRIS IN RDWAY
/1445 (SS112) *ONSCNE 19D1
/1451 (SP0224) ASNCAS 19D3 \$SS15001105
/1511 (SP0386) CLEAR 19D3 D/H
/1511 CLEAR 19D1 D/H
/1511 CLOSE 19D1